

Entered -08-14-01 - sb
CL 01L0511 - GWENDOLYN BURNS

CLAIM OF: BELINDA DENISE PETTY
4017 Meadow Glen Way
Fairburn, Georgia 30213

01- R -1550

For vehicular damages alleged to have been sustained when a dangling
unattached traffic signal line shattered a windshield on July 31, 2001 at
127 Walker Street, SW.

THIS ADVERSED REPORT IS
APPROVED

BY: Rosalind Rubens Newell kj
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY *Robt. G. DCA*

C-30

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0511

Date: September 14, 2001

Claimant /Victim BELINDA DENISE PETTY
BY: (Atty) (Ins. Co.) _____
Address: 4017 Meadow Glen Way, Fairburn, Georgia 30213
Subrogation: _____ Claim for Property damage \$ 294.40 Bodily Injury \$ _____
Date of Notice: 8/14/01 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 7/31/01 Place: 127 Walker Street, SW
Department PUBLIC WORKS Division Traffic and Transportation Services
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that her windshield was shattered after being struck by a dangling unattached traffic signal light at the above-referenced location. However, an investigation determined that the City did not have notice of this problem prior to claimant's incident. The operation and maintenance of street signs, markings and traffic control devices are governmental functions and the City is protected by sovereign immunity as set forth in O.C.G.A §36-33-1.

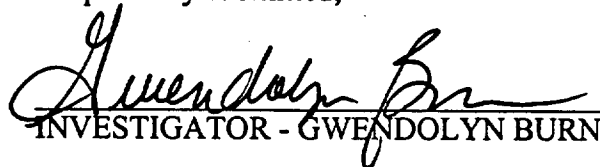
INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police X Dept Report X Other _____
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____


BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 09/14/01
Committee Action: _____ Council Action _____

CEIVED AUG 14 2001

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: August 3, 2001

Dear Municipal Clerk:

ENTERED - 8-14-01 - SB
01L0511 - GWEN BURNS

BURNS
08/14/01

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ Two Estimates Enclosed property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: July 31, 2001 (month/day/ year) 2. Time of Incident: 6:15 p.m. 3. Police called: Yes Yes No
4. Location of incident (including street address): NELSON AND WALKER STREET IN ATLANTA (INVOLVING RED LIGHT)
5. Name of your insurance company: STATE FARM Policy No. 1746809-B04-11D
6. State what and how incident occurred: Driving from work and redlight had wires hanging from pole the car in front of me hit the wires so hard because of speed and not knowing they were there and the wires back fired with full speed into my windshield of my (SUV) Kia Sportage and cut into my glass 5 times and damaged my windshield.
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
Your vehicle: Kia Sportage 2000 373 01861255
(Make) (Year) (Tag Number) (Driver's Name)
City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)
9. Witness: No witness stopped.
(Name) (Address) (Telephone Number)
10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Belinda Denise Petty
Signature of Claimant

Belinda Denise Petty
(Print Claimant's Name)

4017 Meadow Glen Way
(Address)

Fairburn, Georgia 30213
(City, State and Zip Code)

(404) 827-4528 (770) 969-4303
(Work Number) (Home Number)

01-L-1550